	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED	
				A. BUILDING:		R	
		HAL018035	B. WING			01/12/2017	
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
PIEDMON	NT VILLAGE AT NEW	TON	APMAN LANE N, NC 28658				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE	
{D 000}	Initial Comments		{D 000}				
	Catawba County De	ensure Section and the epartment of Social Services -up survey on January 12,					
{D 074}	10A NCAC 13F .03 Furnishings	06(a)(1) Housekeeping And	{D 074}				
	Furnishings (a) Adult care hom (1) have walls, ceil	06 Housekeeping And es shall: ings, and floors or floor in and in good repair;					
	failed to replace mi of 2 common living tub/shower rooms a clean a dirty exit do dining room ceiling toilet in a resident b floor in the linen clo 20 resident rooms a	ions and interviews, the facility ssing ceiling light covers in 1 rooms, 1 of 2 common and 1 of 20 resident rooms; oor, prime and paint a repaired , remove a floor stain under a pathroom, repair the wall and oset, clean a wall vent in 1 of and repair areas of peeling in ceiling covering in 1 of 2					
	The findings are:						
	common living roor carpeted flooring) r	12/17 at 9:30AM of the n (off the hallway with evealed a missing light cover escent ceiling light fixture.					
	room revealed:	12/17 at 9:40AM of the dining with unprimed and unpainted					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	СОМ	E SURVEY PLETED	
		HAL018035	B. WING			R 01/12/2017	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
PIEDMO	NT VILLAGE AT NEW	TON	APMAN LANE N, NC 28658				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
{D 074}	Continued From pa	age 1	{D 074}				
	drywall sections, wi drywall panels and and spackled. -A decorative cap a loose, revealing a v surrounding the cei Observation on 01/ closet (adjacent to -On the inside and door jamb was a bl -Brown stains on th baseboard of the in Observation on 01/ door to the smoking along the edge of the the vicinity of the de Observation on 01/ common bathroom revealed: -An approximately floor around the ba -Dirty vinyl baseboa -Dirty build-up in the Observation on 01/ room #5 revealed: -A dust-covered wa -The room occupar Observation on 01/ room #14 revealed -A missing ceiling li	ith the seams between the drywall screw holes sealed at the top of the ceiling fan was visible hole in the drywall iling fan support. (12/17 at 10:00AM of the linen the utility room) revealed: inside walls adjacent to the ack dusty substance. the floor tile along the aside wall. (12/17 at 10:05AM of the exit g area revealed dirt build up he exterior side of the door in bor lever. (12/17 at 10:16AM of a across from the dining room 1 inch wide dark stain on the se of the bowl. ard. e corners of the bathroom. (12/17 at 10:20AM of resident all vent. ths were not present. (12/17 at 10:36AM of resident cover which exposed a ight bulb (the light was on).					
vision of H	Interview on 01/12/ of resident room #1 ealth Service Regulation		6				

STATE FORM

Division	of Health Service Re	equiation			FURI	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		HAL018035	B. WING			R 12/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	NT VILLAGE AT NEW	1345 CH	APMAN LANE			
FILDINO		NEWTON	N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
{D 074}	Continued From pa	ge 2	{D 074}			
	-The missing ceiling them. -They were not sure staff. -The cover had beer resided in the room Interview on 01/12/ Administrator revea -A man who worked had been scheduled and painting of the last time he could m -This man was reso dining room ceiling -The common bath room had been means she could not reme -She was not aware on the linen room w Observation on 01/ tub/shower room (of floor) revealed: -An approximately of ceiling, in the corner with missing popco staining. -Rust spots on the fishower and under to -A missing ceiling lind circular florescent lind	g light cover did not bother e if it had been reported to en missing the entire time they 17 at 11:35AM of the Assistant led: d for the Maintenance Director d twice to complete priming dining room ceiling, but the ot come due to snow. cheduled to complete the work on 01/14/17. room across from the dining asured for new flooring, but mber the date this was done. e of the black dusty substance				
	Administrator/Owne call) revealed: -The Maintenance I person to complete	Director had contacted a the dining room ceiling work, ne by Monday, 01/16/17.				

Division of Health Service Regulation STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		HAL018035	B. WING			R 01/12/2017	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S				
PIEDMOI	NT VILLAGE AT NEW	TON	APMAN LANE N, NC 28658				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
{D 074}	Continued From pa	age 3	{D 074}				
	that this same pers completion of the d would include the o tub/shower rooms. -The facility should maintenance log an reporting repair iss Administrator. -The Maintenance have a company or for repairs. -The Maintenance direct the Assistant	hinistrator had a list of tasks son could complete after lining room ceiling work, which common bathrooms and have been keeping a nd staff should have been ues directly to the Assistant Director and his co-worker redit card to purchase supplies Director had permission to Administrator to contact complete repair work as					
{D 079}	10A NCAC 13F .03 Furnishings	06(a)(5) Housekeeping and	{D 079}				
	Furnishings (a) Adult care hom (5) be maintained orderly manner, fre hazards;	06 Housekeeping and hes shall in an uncluttered, clean and he of all obstructions and hly to new and existing					
	Based on observat failed to keep a util from pooling in from	et as evidenced by: ions and interviews, the facility ity room locked, prevent water it of 1 of 2 common showers bleum product from the vicinity ce.					
	The findings are:						

Division of Health Service Regulation STATE FORM

STATEME	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	COM	E SURVEY PLETED	
		HAL018035	B. WING			R 01/12/2017	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
PIEDMO	NT VILLAGE AT NEW	TON	APMAN LANE , NC 28658				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE	
{D 079}	Continued From pa	ge 4	{D 079}				
	Utility Room (acros revealed: -The door was clos -A posted sign stati CLOSED." -The door was unlo turned. -Upon entry, a cabi was locked. -On an adjacent wo 1 quart spray bottle cleaning product wi reach of children ar swallowed. -On a wire shelf ow feet off the floor wa wasp/hornet killer w the reach of childre preventive mainten instructions for exte exposure instruction A second observati the Utility Room rev -The door was clos -The door was unlo turned. A third observation Utility Room reveale -The door was clos -The Housekeeper and entered the util -After approximatel Housekeeper exited	ng "KEEP THIS DOOR icked when the door knob was net made of particle board bod shelf at waist height was a containing a bleach bathroom th warnings to keep out of the nd may be harmful if er the sink approximately five s a 20 ounce spray can of with the warning to keep out of n, and a 1 quart bottle of pipe ance treatment product with ernal and internal first aid ns. on on 01/12/17 at 10:15AM of vealed: ed. cked when the door knob was on 01/12/17 at 11:00AM of the ed: ed. opened the door without a key ity room.					

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		HAL018035	B. WING		R 01/12/2017	
IAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	NT VILLAGE AT NEW	1345 CH4	APMAN LANE			
		NEWTON	I, NC 28658			1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
{D 079}	Continued From pa	age 5	{D 079}			
	the Utility Room rev -The door was clos -The door was unlo turned.	ed. ocked when the door knob was				
	Housekeeper revea -Cleaning chemica watch." -When she was do	(17 at 11:05AM with the aled: Is were to be kept "under ne with her cleaning cart, she ne Utility Room and "shut the				
	Room door lock.	on Aide had a key to the Utility nt" to locate the Medication				
	-An unnamed main so that the Housek	tenance staff "fixed the door" eeper only had to "just barely" or knob so that it would open				
	closet adjacent to t	ls were also stored in the he Utility Room, which was but with a different key than coom.				
	Observation on 01/ adjacent to the Util Housekeeper prese -The door was close	ent) revealed:				
	turned.	ted when the door knob was put a key into the knob,				
	Room (with the Ho -The door was closed	/12/17 at 11:12AM of the Utility usekeeper present) revealed: sed. locked when the knob was				

STATE FORM

0EXG12

If continuation sheet 6 of 12

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:				
		HAL018035	B. WING	B. WING		R 01/12/2017	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
PIEDMO	NT VILLAGE AT NEW	/TON	APMAN LANE N, NC 28658				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
{D 079}	Continued From pa	age 6	{D 079}				
	door knob, the kno door was pulled clo locked. -Upon turning the le knob was immobile closed, the door re Interview on 01/12/ Medication Aide re -She had the only k -The door was exp locked. -The Housekeeper when it was time to Interview on 01/12/ Assistant Administr -The lock on the Ut been changed as r with a coat hanger -She and the Medie with keys to the Uti -The door was exp times. Interview on 01/12/ Assistant Administr Administrator/Own call) revealed the U	<ul> <li>/17 at 11:16AM of the vealed:</li> <li>key to the Utility Room.</li> <li>ected to remain closed and</li> <li>and to find her for the key to lock up the cleaning cart.</li> <li>/17 at 11:35AM with the rator revealed:</li> <li>tility Room door had recently residents were breaking into it</li> <li>cation Aide were the only staff</li> </ul>	k				
	common tub/showed carpeted floor) reve -Water was pooled shower in an area approximately 48 b -The shower had n	er room (off the hallway with ealed: I on the floor in front of the covering an area by 30 inches.					

STATE FORM

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	E SURVEY
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
	HAL018035	B. WING	B. WING		R 12/2017
IAME OF PROVIDER OR SUPPL	IER STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
PIEDMONT VILLAGE AT N	IFWTON	HAPMAN LANE			
	NEWTO	ON, NC 28658			
PREFIX (EACH DEFICI	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 079} Continued From	n page 7	{D 079}			
and did not flow	ter did not flow toward the showe toward a floor drain located 66 inches from the shower.	er			
survey revealed -The pooled wa bother them. -Water was free	-Water was frequently pooled on the shower floor but they were not aware of any residents who had				
Assistant Admir -She was not av in that shower. -That shower flo would contact th floor so the wat drain or the floor	/12/17 at 11:10AM with the histrator revealed: ware that any residents had faller foor was recently tiled and she he tilers to come out to retile the er would flow toward the shower or drain. e of only 2 residents who used th				
the common tul with carpeted flo	ation on 01/12/17 at 1:15PM of o/shower room (off the hallway oor) revealed no pooled water in wer but the tiled floor was wet.				
right front yard entrance) revea brick wall at the	on 01/12/17 at 9:30AM of the (immediately adjacent to the mai led between the bushes and the foot of the ramp was a 1 gallon ed 5W-30 motor oil.				
the right front ya main entrance) -Between the bu	vation on 01/12/17 at 10:10AM or ard (immediately adjacent to the revealed: ushes and the brick wall at the o was a 1 gallon container labeled				

Division	of Health Service Re	gulation	-		_	APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		HAL018035	B. WING		R 01/12/2017	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	NT VILLAGE AT NEW	TON	APMAN LANE			
	-	NEWTO	N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{D 079}	Continued From pa	ge 8	{D 079}			
	approximately 1/2 f Interview on 01/12/ Assistant Administr -She was not sure v substance was sitti but that it was not s	revealed the container was ull of a black oily substance. 17 at 11:35AM with the ator revealed: why the container with the oily ng out in front of the building supposed to be there. o recent maintenance work on				
{D 282}	elsewhere off the p 10A NCAC 13F .09 Service	04(a)(1) Nutrition and Food	{D 282}			
	(a) Food Procurem Homes: (1) The kitchen, din	04 Nutrition and Food Service ent and Safety in Adult Care ing and food storage areas rly and protected from				
	failed to assure 1 or ceiling were clean,	ons and interviews, the facility f 3 kitchen doors and the 3 of 3 ceiling vents were by fastened and 1 of 2 ceiling				
	The findings are:					
	revealed: -A ceiling ventswas 3/4 inch away from -The ceiling on one	12/17 at 9:45AM of the kitcher hanging loose approximately the ceiling. end of the loose vent ted area approximately 2 by				

Division	of Health Service Re	egulation	-		•	
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
		HAL018035	B. WING			R <b>12/2017</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	NT VILLAGE AT NEW	1345 CH	APMAN LANE			
FIEDINO		NEWTOI	N, NC 28658			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
{D 282}	Continued From pa	age 9	{D 282}			
	diameter above the brown spots. -The inside of the k the dining room and sink, had a black m 11 inches and appr the floor. -The entire window opened into the din brown and water st -The ceiling light at long fluorescent bu	were dusty. roximately 36 inches in a dish machine had dried kitchen door, which opened into d was adjacent to the dish holdy area approximately 24 by roximately 24 inches up from r in the kitchen door which hing room was dirty with dried cains on both sides of the door bove the dish washer had two libs and was missing half of bosing the two ends of both	,			
	Assistant Administr -She was aware the but the owners had -Maintenance staff overhead ceiling lig was not a standard replacement cover -She understood th removed and a new -The dietary staff w	e ceiling had not been painted l contracted with a painter. was aware of the missing pht cover, but since the light l size, they had not found a ie light fixture would have to be	2			
	the Administrator/C -It was the respons assure the kitchen -They had contract facility and he was Saturday." -The weather preve to paint the last tim	w on 01/12/17 at 2:00PM with owner revealed: ibility of the co-owner to ceiling area was painted. ed with a person to paint in the scheduled to come "this ented the painter from coming e he was scheduled to come. enance staff who worked in the				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		HAL018035	B. WING			R 12/2017
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PIEDMO	NT VILLAGE AT NEW	TON				
			N, NC 28658	PROVIDER'S PLAN OF	CORRECTION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
{D 282}	Continued From pa	ige 10	{D 282}			
	ceiling light cover w -She was not aware clean, but that woul	s responsible for assuring the vas replaced. e the kitchen door was not ld be the responsibility of the o paint and for the dietary staf	f			
D 286	10A NCAC 13F .09 Service	04(b)(1) Nutrition and Food	D 286			
	(b) Food Preparatic Homes: (1) Sufficient staff, s	04 Nutrition and Food Service on and Service in Adult Care space and equipment shall be nd sanitary food storage, rvice.				
	failed to assure the and stored to preve	et as evidenced by: ions and interviews, the facility beverage glasses were dried ent moisture build up in the ld promote microbial growth.				
	The findings are:					
	revealed: -A 3 compartment s beverage glasses s beverage drying rac 5 to 11 glasses.	12/17 at 9:45AM of the kitcher sink with 12 stacks of plastic stored upside down in a ck, each stack containing from le on the inside of of the				
	Assistant Administr -The Cook was not -"There was no nee	17 at 11:15AM with the ator revealed: available to be interviewed. ed" for the staff to stack the efore they were completely				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
		HAL018035	B. WING	B. WING		R 01/12/2017	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
IEDMOI	NT VILLAGE AT NEW		APMAN LANE N, NC 28658				
(X4) ID	SUMMARY ST		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
D 286	Continued From pa	age 11	D 286				
	dried.						
		hat beverage containers and be stored until they were dry.					
		be responsible for serving the					
		uld assure the glasses were					
	washed and dried l	before using them.					